

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20585

STATE FILE NUMBER

FILED JUL 13 1957

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin			
b. CITY (If outside corporate limits, give TOWNSHIP-only) OR TOWN Kenett				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Cardwell	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dunklin County Memorial				Length of stay in lb 0350		d. STREET ADDRESS (If outside, give location) Route 1	
3. NAME OF DECEASED (Type or print) First John Middle Harvey Last Montgomery				4. DATE OF DEATH Month June Day 14 Year 1957			
5. SEX M		6. COLOR OR RACE W		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 8, 1873	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 84	
11. BIRTHPLACE (City and state or country) Bluntsville, Alabama				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME John Montgomery				14. MOTHER'S MAIDEN NAME Phoebe Griggs			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. no		17. INFORMANT L. E. Montgomery, Leachville, Ark.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral accident, left - Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT-RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331x						INTERVAL BETWEEN ONSET AND DEATH 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION Cardwell, Mo		COUNTY Cardwell		
20g. STATE Missouri			21. I attended the deceased from 6-3-57 to 6-14-57 and last saw her alive on 6-14-57 Death occurred at 11:00 p. m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE W. E. Montgomery			22b. ADDRESS Cardwell, Mo		22c. DATE SIGNED 6-20-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 6-16-57		23c. NAME OF CEMETERY OR CREMATORY Cardwell		23d. LOCATION (City, town, or county) (State) Cardwell, Missouri	
24. FUNERAL DIRECTOR Mitchell Funeral Home, Paragould, Ark.			25. DATE RECD. BY LOCAL REG. 6-21-57		26. REGISTRAR'S SIGNATURE Earl L. Hershman		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY
DEPARTMENT 6-
COUNTY FILE NUMBER 65

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Randal L. Mitchell, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Randal L. Mitchell

Licensed Embalmer No. 376

P. O. Address Paragou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. ()
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.